Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: TREATMENT OF EXCESSIVE

OSTEOLYSIS WITH INDOLINONE

COMPOUNDS

Attorney Docket Number:: 034536-1035

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lesley

Family Name:: Murray

City of Residence:: San Jose

State or Province of California

Residence::

Country of Residence:: US

Street of mailing address::

7181 Blue Hill Drive

City of mailing address::

San Jose

State or Province of mailing

CA

address::

}

Postal or Zip Code of mailing

95129

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Ireland

Status::

Full Capacity

Given Name::

Anne-Marie

Family Name::

O'Farrell

City of Residence::

Menlo Park

State or Province of

CA

Residence::

Country of Residence::

US

Street of mailing address::

844 Fremont Street, #4

City of mailing address::

Menlo Park

State or Province of mailing

CA

address::

Postal or Zip Code of mailing

94025

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Tinya

Family Name::

Abrams

City of Residence::

Pacifica

Country of Residence::

Street of mailing address::

105 Esplanade Street

Apt. #44

City of mailing address::

Pacifica

State or Province	of mailing	CA		
address::		0.40.4.		
Postal or Zip Code	e of mailing	94044		
address::				
Correspondence	Information			·
Correspondence	Customer Nu	mber:: 2	2428	
E-Mail address::		F	PTOMailWashington@Foley.com	
Representative Customer Number::		30543		
Number:: Domestic Priority	Information			
Number::	Information	y Type::	Parent	Parent Filing
Number:: Domestic Priority Application::	Continuity		Application::	Date::
Number:: Domestic Priority Application::	Continuity An applica	tion		
Number:: Domestic Priority Application::	Continuity An applica claiming th	ition ne benefit	Application::	Date::
Number:: Domestic Priority	Continuity An applica	ition ne benefit	Application::	Date::
Number:: Domestic Priority Application::	An applica claiming thunder 35 U	ition ne benefit	Application::	Date::
Number:: Domestic Priority Application::	An applica claiming thunder 35 U	ition ne benefit	Application::	Date::
Number:: Domestic Priority Application:: This Application	An applica claiming thunder 35 U	ition ne benefit JSC	Application::	Date:: 02/24/2003
Number:: Domestic Priority Application:: This Application Foreign Priority In	Continuity An applica claiming th under 35 L 119(e)	ition ne benefit JSC	Application:: 60/448,861	Date::

Assignee name::

SUGEN, INC.